

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Eastern District of California

Case number (If known): _____

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101**Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Mark

First name

David

Middle name

Marsh

Last name

Suffix (Sr., Jr., II, III)

Laurie

First name

Leigh

Middle name

Marsh

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 6 0 6 3

OR

9 xx - xx - _____

xxx - xx - 6 8 0 1

OR

9 xx - xx - _____

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<p>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</p> <p>Include trade names and <i>doing business as</i> names</p>	<p><input checked="" type="checkbox"/> I have not used any business names or EINs.</p> <p>Business name _____</p> <p>Business name _____</p> <p>EIN _____</p> <p>EIN _____</p>	<p><input checked="" type="checkbox"/> I have not used any business names or EINs.</p> <p>Business name _____</p> <p>Business name _____</p> <p>EIN _____</p> <p>EIN _____</p>
<p>5. Where you live</p>	<p>278 Poet Smith Drive</p> <p>Number Street</p> <p>_____</p> <p>Auburn CA 95603</p> <p>City State ZIP Code</p> <p>Placer County</p> <p>County</p> <p>If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.</p> <p>Number Street</p> <p>_____</p> <p>P.O. Box</p> <p>_____</p> <p>City State ZIP Code</p>	<p>If Debtor 2 lives at a different address:</p> <p>Number Street</p> <p>_____</p> <p>City State ZIP Code</p> <p>County</p> <p>If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.</p> <p>Number Street</p> <p>_____</p> <p>P.O. Box</p> <p>_____</p> <p>City State ZIP Code</p>
<p>6. Why you are choosing this district to file for bankruptcy</p>	<p><i>Check one:</i></p> <p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)</p>	<p><i>Check one:</i></p> <p><input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</p> <p><input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)</p>

Part 2: Tell the Court About Your Bankruptcy Case**7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

☒ No

☐ Yes.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

☒ No

☐ Yes.

Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____

Debtor _____ Relationship to you _____

District _____ When _____ Case number, if known _____

11. Do you rent your residence?

☒ No. Go to line 12.

☐ Yes. Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?**☒ No. Go to Part 4.☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☐ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**☒ No☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes**16. What kind of debts do you have?**

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☐ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☒ 1-49
☐ 50-99
☐ 100-199
☐ 200-999

- ☐ 1,000-5,000
☐ 5,001-10,000
☐ 10,001-25,000

- ☐ 25,001-50,000
☐ 50,001-100,000
☐ More than 100,000

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000
☐ \$50,001-\$100,000
☒ \$100,001-\$500,000
☐ \$500,001-\$1 million

- ☐ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million

- ☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000
☐ \$50,001-\$100,000
☒ \$100,001-\$500,000
☐ \$500,001-\$1 million

- ☐ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million

- ☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Mark David Marsh

Signature of Debtor 1

Executed on 12/27/2019

MM / DD / YYYY

X /s/ Laurie Leigh Marsh

Signature of Debtor 2

Executed on 12/27/2019

MM / DD / YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X /s/ Gerald White _____ Date 12/27/2019
Signature of Attorney for Debtor MM / DD / YYYY

Gerald White
Printed name
Law Office of Gerald L. White
Firm name
301 Natoma Street
Number Street
Suite 105
Folsom CA 95630
City State ZIP Code

Contact phone 9169853330 Email address jerry@gwcreditlaw.com

88833 CA
Bar number State

Certificate Number: 17082-CAE-CC-033857352



17082-CAE-CC-033857352

CERTIFICATE OF COUNSELING

I CERTIFY that on December 20, 2019, at 1:26 o'clock PM MST, MARK D MARSH received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Eastern District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 20, 2019 By: /s/Lillie Hernandez

Name: Lillie Hernandez

Title: Certified Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Certificate Number: 17082-CAE-CC-033857242



17082-CAE-CC-033857242

CERTIFICATE OF COUNSELING

I CERTIFY that on December 20, 2019, at 1:08 o'clock PM MST, LAURIE L MARSH received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Eastern District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 20, 2019 By: /s/Lillie Hernandez

Name: Lillie Hernandez

Title: Certified Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).

Fill in this information to identify your case:

Debtor 1 Mark David Marsh
First Name Middle Name Last Name

Debtor 2 Laurie Leigh Marsh
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of California

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information** 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets**Your assets**

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from *Schedule A/B* \$ 375,000.00
- 1b. Copy line 62, Total personal property, from *Schedule A/B* \$ 18,225.00
- 1c. Copy line 63, Total of all property on *Schedule A/B* **\$ 393,225.00**

Part 2: Summarize Your Liabilities**Your liabilities**

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* \$ 293,468.00
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* \$ 9,358.00
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* + \$ 144,333.00
- Your total liabilities** **\$ 447,159.00**

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)
- Copy your combined monthly income from line 12 of *Schedule I* \$ 7,311.91
5. *Schedule J: Your Expenses* (Official Form 106J)
- Copy your monthly expenses from line 22c of *Schedule J* \$ 7,220.00

Debtor 1

Mark David Marsh

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ 7,099.11

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*.**Total claim****From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 9,358.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 9,358.00

Debtor 1	Mark David Marsh		
	First Name	Middle Name	Last Name
Debtor 2	Laurie Leigh Marsh		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of California			
Case number			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1. Residence

Street address, if available, or other description

278 Poet Smith Drive

Auburn CA 95603
 City State ZIP Code

Placer County
 County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☒ Other APN:055-200-054

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Secured- \$293,468.00

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*:

Current value of the entire property?	Current value of the portion you own?
\$ 375,000.00	\$ 375,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
 Joint tenant

☐ Check if this is community property

If you own or have more than one, list here:

1.2.

Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$	\$

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

1. _____

Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ **Check if this is community property** (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____ →

\$ 375,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1. Make: Toyota
 Model: Camry
 Year: 1998
 Approximate mileage: 176,700
 Other information:

Condition: ; Poor condition- needs many repairs

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☒ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ 500.00 \$ 500.00

If you own or have more than one, describe here:

3.2. Make: Volkswagon
 Model: Rabbit
 Year: 2009
 Approximate mileage: 97,400
 Other information:

Condition: ; Needs new radiator

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ 3,000.00 \$ 3,000.00

____. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

____. Make: _____
 Model: _____
 Year: _____
 Approximate mileage: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____
 Model: _____
 Year: _____
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

\$ 3,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?		Current value of the portion you own? <small>Do not deduct secured claims or exemptions.</small>
6. Household goods and furnishings		
<i>Examples:</i> Major appliances, furniture, linens, china, kitchenware		
<input type="checkbox"/> No	Bedroom furniture \$200, Living room furniture \$300, Family room furniture \$250, Dining room furniture \$150, Refrigerator \$550, Kitchen appliances \$325, Kitchen equipment \$60, Vacuum cleaner \$20, Washer \$200, Dryer \$200, Patio furniture \$100, Barbeque \$25, Gardening equipment \$100, Tools \$125, Luggage \$50, Linens, bedding & towels \$30, Misc. \$150.00	\$ 2,835.00
<input checked="" type="checkbox"/> Yes. Describe.....		
7. Electronics		
<i>Examples:</i> Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games		
<input type="checkbox"/> No	3 TVs \$150, VCR \$10, 2 DVD Players \$30, Video games & players \$120, Printer \$25, 3 Cellular phones \$850	\$ 1,185.00
<input checked="" type="checkbox"/> Yes. Describe.....		
8. Collectibles of value		
<i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles		
<input type="checkbox"/> No	CDs \$20, DVDs \$35, 2 Antique dressers \$200, Books \$50, Pictures \$100, Baseball cards \$10	\$ 415.00
<input checked="" type="checkbox"/> Yes. Describe.....		
9. Equipment for sports and hobbies		
<i>Examples:</i> Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments		
<input type="checkbox"/> No	2 Broken bicycles	\$ 0.00
<input checked="" type="checkbox"/> Yes. Describe.....		
10. Firearms		
<i>Examples:</i> Pistols, rifles, shotguns, ammunition, and related equipment		
<input checked="" type="checkbox"/> No		\$ 0.00
<input type="checkbox"/> Yes. Describe.....		
11. Clothes		
<i>Examples:</i> Everyday clothes, furs, leather coats, designer wear, shoes, accessories		
<input type="checkbox"/> No	Clothing	\$ 100.00
<input checked="" type="checkbox"/> Yes. Describe.....		
12. Jewelry		
<i>Examples:</i> Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver		
<input type="checkbox"/> No	2 Wedding rings \$300, Diamond Ring \$500, Diamond Ring \$1,000 Misc. costume jewelry \$50	\$ 1,850.00
<input checked="" type="checkbox"/> Yes. Describe.....		
13. Non-farm animals		
<i>Examples:</i> Dogs, cats, birds, horses		
<input type="checkbox"/> No	3 Dogs	\$ 0.00
<input checked="" type="checkbox"/> Yes. Describe.....		
14. Any other personal and household items you did not already list, including any health aids you did not list		
<input type="checkbox"/> No	CPAP Machine \$50, SoClean machine \$200.00	\$ 250.00
<input checked="" type="checkbox"/> Yes. Give specific information.....		
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here		\$ 6,635.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes Cash: \$ 17.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes Institution name:

17.1. Checking account: Wells Fargo checking 6973 \$ 0.00

17.2. Checking account: First US Comm CU checking 7709 \$ 1.00

17.3. Savings account: First US Comm CU savings 7600 \$ 25.00

17.4. Savings account: First US Comm CU savings 7500 \$ 25.00

17.5. Certificates of deposit: _____ \$ _____

17.6. Other financial account: First US Comm CU checking 7509 (Social Security) \$ 1,338.00

17.7. Other financial account: First US Comm CU checking 7609 \$ 1,654.00

17.8. Other financial account: First US Comm CU savings 7700 \$ 25.00

17.9. Other financial account: USAA Savings 2621 \$ 0.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes

Institution or issuer name:

_____ \$ _____

_____ \$ _____

_____ \$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.

Name of entity:

% of ownership:

_____ % \$ _____

_____ % \$ _____

_____ % \$ _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific
 information about
 them.

Issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each
 account separately. Institution name:
 Type of account:

401(k) or similar plan:	_____	\$ _____
Pension plan:	CalPERS Retirement- (Mark - In pay status \$1,708.98/mo.)	\$ Unknown
IRA:	_____	\$ _____
Retirement account:	UFCW Pension Benefits (Est. \$239.42/mo. at retirement)	\$ Unknown
Keogh:	_____	\$ _____
Additional account:	CalPERS Retirement (Laurie - \$108,303.05 as of 12/6/19)	\$ Unknown
Additional account:	_____	\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes..... Institution name or individual:

Electric:	_____	\$ _____
Gas:	_____	\$ _____
Heating oil:	_____	\$ _____
Rental unit:	_____	\$ _____
Prepaid rent:	_____	\$ _____
Telephone:	_____	\$ _____
Water:	_____	\$ _____
Rented furniture:	_____	\$ _____
Other:	_____	\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description:

_____	\$ _____
_____	\$ _____
_____	\$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☐ No

☒ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

SSGA U Promise 529 0701 (4,947.67 as of 6/30/19. No contributions over 2 years)	\$ 0.00
SSGA U Promise 529 0702 (\$9,086.34 as of 9/30/19. No contributions over 2 years)	\$ 0.00
_____	\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them. ...

\$ 0.00

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them. ...

\$ 0.00

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them. ...

\$ 0.00

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

2019 Income Tax refunds

Federal:	\$ Unknown
State:	\$ 0.00
Local:	\$ 0.00

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.

Alimony:	\$ 0.00
Maintenance:	\$ 0.00
Support:	\$ 0.00
Divorce settlement:	\$ 0.00
Property settlement:	\$ 0.00

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☐ No

☒ Yes. Give specific information.

Accrued Cumulative Time Off \$14.00, Accrued Holiday Pay \$0.00, Accrued Earnings - \$508.00, Social Security Benefits - \$1,971.00/mo., Sick Pay - \$3,616.00, Vacation Pay- \$867.00

\$ 5,005.00

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value. ...

Company name:	Beneficiary:	Surrender or refund value:
Group Term Life- Lincoln		\$ 0.00
Dental - Delta Dental		\$ 0.00
Accidental Death & Dismemberment - Lincoln		\$ 0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.

\$ 0.00

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.

\$ 0.00

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.

\$ 0.00

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information.

\$ 0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →

\$ 8,090.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

☐ No

☐ Yes. Describe

\$

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☐ No

☐ Yes. Describe

\$

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☐ No

☐ Yes. Describe \$ _____

41. Inventory

☐ No

☐ Yes. Describe \$ _____

42. Interests in partnerships or joint ventures

☐ No

☐ Yes. Describe Name of entity: _____ % of ownership: _____

	%	\$ _____
	%	\$ _____
	%	\$ _____

43. Customer lists, mailing lists, or other compilations

☐ No

☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe \$ _____

44. Any business-related property you did not already list

☐ No

☐ Yes. Give specific information \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here



\$ 0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☐ No

☐ Yes \$ _____

48. Crops—either growing or harvested

☐ No

☐ Yes. Give specific information.

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☐ No

☐ Yes

\$ _____

50. Farm and fishing supplies, chemicals, and feed

☐ No

☐ Yes

\$ _____

51. Any farm- and commercial fishing-related property you did not already list

☐ No

☐ Yes. Give specific information.

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$ 0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2



\$ 375,000.00

56. Part 2: Total vehicles, line 5

\$ 3,500.00

57. Part 3: Total personal and household items, line 15

\$ 6,635.00

58. Part 4: Total financial assets, line 36

\$ 8,090.00

59. Part 5: Total business-related property, line 45

\$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$ 0.00

61. Part 7: Total other property not listed, line 54

+ \$ 0.00

62. Total personal property. Add lines 56 through 61.

\$ 18,225.00

Copy personal property total →

+ \$ 18,225.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$ 393,225.00

Debtor 1

Mark David Marsh & Laurie Leigh Marsh

Case number (if known)

First NameMiddle NameLast Name

Continuation Sheet for Official Form 106A/B

31) Interests in insurance policies

Vision - VSP	0.00
Health Savings Account - P & A Group	0.00
Vehicle - USAA	0.00
Homeowners - USAA	0.00
Health - United Health Care	0.00

Fill in this information to identify your case:

Debtor 1	Mark David Marsh		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Laurie Leigh Marsh		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of California			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt**1. Which set of exemptions are you claiming?** Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Residence Brief description: Line from Schedule A/B: 1.1 1998 Toyota Camry	\$ 375,000.00	<input checked="" type="checkbox"/> \$ 175,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Cal. Civ. Proc. Code § 704.730 (a)(3)
Brief description: Line from Schedule A/B: 3.1 2009 Volkswagon Rabbit	\$ 500.00	<input checked="" type="checkbox"/> \$ 325.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Cal. Civ. Proc. Code § 704.010
Brief description: Line from Schedule A/B: 3.2	\$ 3,000.00	<input checked="" type="checkbox"/> \$ 3,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Cal. Civ. Proc. Code § 704.010

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No
☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☒ No
☐ Yes

Debtor **Mark David Marsh** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: Household goods - Bedroom furniture \$200, Living room furniture \$300, Family room furniture \$250, Dining room furniture \$150, Refrigerator \$550, Kitchen appliances \$325, Kitchen equipment \$60, Vacuum cleaner \$20, Washer \$200, Dryer \$200, Patio furniture \$100, Line from Schedule A/B: 6	\$2,835.00	<input checked="" type="checkbox"/> \$ 2,835.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Cal. Civ. Proc. Code § 704.020
Brief description: Electronics - 3 TVs \$150, VCR \$10, 2 DVD Players \$30, Video games & players \$120, Printer \$25, 3 Cellular phones \$850 Line from Schedule A/B: 7	\$1,185.00	<input checked="" type="checkbox"/> \$ 1,185.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Cal. Civ. Proc. Code § 704.020
Brief description: Collectibles of value - CDs \$20, DVDs \$35, 2 Antique dressers \$200, Books \$50, Pictures \$100, Baseball cards \$10 Line from Schedule A/B: 8	\$415.00	<input checked="" type="checkbox"/> \$ 415.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Cal. Civ. Proc. Code § 704.020
Brief description: Clothing - Clothing Line from Schedule A/B: 11	\$100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Cal. Civ. Proc. Code § 704.020
Brief description: Jewelry - 2 Wedding rings \$300, Diamond Ring \$500, Diamond Ring \$1,000 Misc. costume jewelry \$50 Line from Schedule A/B: 12	\$1,850.00	<input checked="" type="checkbox"/> \$ 8,725.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Cal. Civ. Proc. Code § 704.040
Brief description: Other - CPAP Machine \$50, SoClean machine \$200.00 Line from Schedule A/B: 14	\$250.00	<input checked="" type="checkbox"/> \$ 250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Cal. Civ. Proc. Code § 704.050
Brief description: First US Comm CU checking 7509 (Social Security) (Checking) Line from Schedule A/B: 17.6	\$1,338.00	<input checked="" type="checkbox"/> \$ 1,338.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 USC 407
Brief description: First US Comm CU checking 7509 (Social Security) (Checking) Line from Schedule A/B: 17.6	\$1,338.00	<input checked="" type="checkbox"/> \$ 1,338.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Cal. Civ. Proc. Code § 704.080(b)(4)
Brief description: First US Comm CU checking 7609 (Checking) Line from Schedule A/B: 17.7	\$1,654.00	<input checked="" type="checkbox"/> \$ 1,241.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Cal. Civ. Proc. Code § 704.070
Brief description: CalPERS Retirement- (Mark - In pay status \$1,708.98/mo.) Line from Schedule A/B: 21	\$ Unknown	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Cal. Civ. Proc. Code 704.110
Brief description: UFCW Pension Benefits (Est. \$239.42/mo. at retirement) Line from Schedule A/B: 21	\$ Unknown	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Cal. Civ. Proc. Code § 704.115
Brief description: CalPERS Retirement (Laurie - \$108,303.05 as of 12/6/19) Line from Schedule A/B: 21	\$ Unknown	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Cal. Civ. Proc. Code 704.110

Debtor **Mark David Marsh** Case number (if known) _____
 First Name Middle Name Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Accrued Cumulative Time Off \$14.00 (owed to debtor)			Cal. Civ. Proc. Code 706.050
Brief description: Line from Schedule A/B: 30	\$ 14.00	<input checked="" type="checkbox"/> \$ 11.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Accrued Earnings - \$508.00 (owed to debtor)			Cal. Civ. Proc. Code 706.050
Brief description: Line from Schedule A/B: 30	\$ 508.00	<input checked="" type="checkbox"/> \$ 381.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Social Security Benefits - \$1,971.00/mo. (owed to debtor)			42 USC 407
Brief description: Line from Schedule A/B: 30	\$ 0.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Sick Pay - \$3,616.00 (owed to debtor)			Cal. Civ. Proc. Code § 704.130
Brief description: Line from Schedule A/B: 30	\$ 3,616.00	<input checked="" type="checkbox"/> \$ 3,616.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Vacation Pay- \$867.00 (owed to debtor)			Cal. Civ. Proc. Code 706.050
Brief description: Line from Schedule A/B: 30	\$ 867.00	<input checked="" type="checkbox"/> \$ 651.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Group Term Life- Lincoln			Cal. Civ. Proc. Code § 704.100 (a)
Brief description: Line from Schedule A/B: 31	\$ 0.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Dental - Delta Dental			Cal. Civ. Proc. Code § 704.130
Brief description: Line from Schedule A/B: 31	\$ 0.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Accidental Death & Dismemberment - Lincoln			Cal. Civ. Proc. Code § 704.100 (a)
Brief description: Line from Schedule A/B: 31	\$ 0.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Vision - VSP			Cal. Civ. Proc. Code § 704.130
Brief description: Line from Schedule A/B: 31	\$ 0.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Health Savings Account - P & A Group			Cal. Civ. Proc. Code § 704.130
Brief description: Line from Schedule A/B: 31	\$ 0.00	<input checked="" type="checkbox"/> \$ 0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Health - United Health Care			Cal. Civ. Proc. Code § 704.130
Brief description: Line from Schedule A/B: 31	\$ 0.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Line from Schedule A/B:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

Fill in this information to identify your case:

Debtor 1	Mark David Marsh		
	First Name	Middle Name	Last Name
Debtor 2	Laurie Leigh Marsh		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of California			
Case number (If known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

Column C
Unsecured portion
If any

2.1	AmeriHome Mortgage	Describe the property that secures the claim:	\$ 202,782.00	\$ 375,000.00	\$ 0.00
	Creditor's Name PO Box 8068 Number Street	Residence 278 Poet Smith Drive, Auburn, CA 95603 - \$375,000.00			
	Virginia Beach VA 23450 City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			
	<input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 7/31/12	Last 4 digits of account number 9965			
2.2	Discover Bank	Describe the property that secures the claim:	\$ 90,686.00	\$ 375,000.00	\$ 0.00
	Creditor's Name Mail Stop 1290 Number Street	Residence 278 Poet Smith Drive, Auburn, CA 95603 - \$375,000.00			
	1 Corporate Dr., Ste. 360 Lake Zurich IL 60047-894 City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			
	<input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 12/31/15	Last 4 digits of account number 5559			
Add the dollar value of your entries in Column A on this page. Write that number here:			\$ 293,468.00		

Debtor 1 Mark David Marsh
 First Name Middle Name Last Name
 Case number (if known)

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/> Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number _____
<input type="checkbox"/> Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number _____
<input type="checkbox"/> Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number _____
<input type="checkbox"/> Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number _____
<input type="checkbox"/> Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number _____
<input type="checkbox"/> Name _____ Street _____ _____ City _____ State _____ ZIP Code _____	On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number _____

Fill in this information to identify your case:

Debtor 1	Mark David Marsh		
	First Name	Middle Name	Last Name
Debtor 2	Laurie Leigh Marsh		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of California			
Case number	_____		
(If known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service			
	Priority Creditor's Name PO Box 7346	Last 4 digits of account number 6063	\$ 9,358.00	\$ 9,358.00 \$ 0.00
	Number Street Philadelphia PA 19101-7346	When was the debt incurred? 2018		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one.	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Disputed		
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:		
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Domestic support obligations		
	<input type="checkbox"/> Check if this claim is for a community debt	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government		
	Is the claim subject to offset?	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated		
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Other. Specify		
	<input type="checkbox"/> Yes			

2.2		Last 4 digits of account number	\$ _____	\$ _____	\$ _____
	Priority Creditor's Name	When was the debt incurred?			
	Number Street	As of the date you file, the claim is: Check all that apply.			
	City State ZIP Code	<input type="checkbox"/> Contingent			
	Who incurred the debt? Check one.	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> Debtor 2 only	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Domestic support obligations			
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Taxes and certain other debts you owe the government			
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
	Is the claim subject to offset?	<input type="checkbox"/> Other. Specify			
	<input type="checkbox"/> No				
	<input type="checkbox"/> Yes				

Debtor 1

First Name

Middle Name

Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Bank of America		
	Nonpriority Creditor's Name PO Box 982234 Number Street	Last 4 digits of account number 0832 When was the debt incurred? 2018	\$ 3,990.00
	El Paso TX 79998-2234 City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
4.2	Barclays		
	Nonpriority Creditor's Name PO Box 8802 Number Street	Last 4 digits of account number 2965 When was the debt incurred? 2016-2019	\$ 10,231.00
	Wilmington DE 19899-8802 City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
4.3	Best Buy/Citibank		
	Nonpriority Creditor's Name PO Box 790441 Number Street	Last 4 digits of account number 0126 When was the debt incurred? 2018-2019	\$ 595.00
	Saint Louis MO 63179 City State ZIP Code	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	

Debtor 1

First Name

Middle Name

Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.4	Capital One		
Nonpriority Creditor's Name		Last 4 digits of account number	5077
PO Box 30285		When was the debt incurred?	2019
Number Street			\$16,133.00
Salt Lake City UT 84130-0285		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.5	Chase		
Nonpriority Creditor's Name		Last 4 digits of account number	6742
PO Box 15298		When was the debt incurred?	2019
Number Street			\$5,298.00
Wilmington DE 19850-5298		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.6	Citibank		
Nonpriority Creditor's Name		Last 4 digits of account number	8552
Box 6500		When was the debt incurred?	2017-2019
Number Street			\$2,074.00
Sioux Falls SD 57117		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.7	<p>Citibank</p> <p>Nonpriority Creditor's Name</p> <p>Box 6500</p> <p>Number Street</p> <p>Sioux Falls SD 57117</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6063</p> <p>When was the debt incurred? 2018-2019</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 521.00
4.8	<p>Citibank</p> <p>Nonpriority Creditor's Name</p> <p>Box 6500</p> <p>Number Street</p> <p>Sioux Falls SD 57117</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3582</p> <p>When was the debt incurred? 2016-2019</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 7,785.00
4.9	<p>Citibank/Costco</p> <p>Nonpriority Creditor's Name</p> <p>PO Box 790046</p> <p>Number Street</p> <p>St. Louis MO 63179-0046</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3695</p> <p>When was the debt incurred? 2014-2016</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt</p>	\$ 13,558.00

Debtor 1

First Name

Middle Name

Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.10	Discover		
Nonpriority Creditor's Name		Last 4 digits of account number	0133
PO Box 30943		When was the debt incurred?	2016-2019
Number Street			\$ 13,998.00
Salt Lake City UT 84130		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
<input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.11	First Bank		
Nonpriority Creditor's Name		Last 4 digits of account number	8780
c/o First National Bank of Omaha		When was the debt incurred?	2017
Number Street			\$ 4,307.00
PO Box 2557		As of the date you file, the claim is: Check all that apply.	
Omaha NE 68103-2557		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City State ZIP Code		Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.12	First Bank		
Nonpriority Creditor's Name		Last 4 digits of account number	7740
c/o First National Bank of Omaha		When was the debt incurred?	2016
Number Street			\$ 5,263.00
PO Box 2340		As of the date you file, the claim is: Check all that apply.	
Omaha NE 68103		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
City State ZIP Code		Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

First Name

Middle Name

Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.13	Home Depot/Citibank	Last 4 digits of account number 6536	\$ 945.00
Nonpriority Creditor's Name		When was the debt incurred? 2019	
PO Box 790393			
Number Street			
Saint Louis MO 63179			
City State ZIP Code			
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.	
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent	
<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans	
Is the claim subject to offset?		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
4.14	JC Penney/Synchrony Bank	Last 4 digits of account number 7261	\$ 430.00
Nonpriority Creditor's Name		When was the debt incurred? 11/18	
Attn Bankruptcy Dept.			
Number Street			
PO Box 965064			
Orlando FL 32896-5064			
City State ZIP Code			
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans	
Is the claim subject to offset?		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
4.15	Lowes/Synchrony Bank	Last 4 digits of account number 6508	\$1,776.00
Nonpriority Creditor's Name		When was the debt incurred? 2019	
Attn. Bankruptcy dept.			
Number Street			
PO Box 965060			
Orlando FL 32896-5060			
City State ZIP Code			
Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply.	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Contingent	
<input checked="" type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Student loans	
Is the claim subject to offset?		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input checked="" type="checkbox"/> No		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> Other. Specify Credit Card Debt	

Debtor 1

First Name

Middle Name

Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.16	Macys		
Nonpriority Creditor's Name		Last 4 digits of account number	8220
Bankruptcy Processing		When was the debt incurred?	2018
Number Street			\$ 41.00
PO Box 8053			
Mason OH 45040		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.17	PG&E		
Nonpriority Creditor's Name		Last 4 digits of account number	8716
Box 997300		When was the debt incurred?	2019
Number Street			\$ 1,482.00
Sacramento CA 95899-7300		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Utility Services	
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.18	Shell/Citibank		
Nonpriority Creditor's Name		Last 4 digits of account number	5249
PO Box 6406		When was the debt incurred?	2018-2019
Number Street			\$ 923.00
Sioux Falls SD 57117		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Who incurred the debt? Check one.		Type of NONPRIORITY unsecured claim:	
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

First Name

Middle Name

Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.19	Sony/Comenity Bank	Last 4 digits of account number 6696	\$5,028.00
Nonpriority Creditor's Name Bankruptcy Department Number Street PO Box 182125 Columbus OH 43218-2125 City State ZIP Code		When was the debt incurred? 2016-2019 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.20	Steinmart/Synchrony Bank	Last 4 digits of account number 9600	\$2,002.00
Nonpriority Creditor's Name Attn. Bankruptcy Dept. Number Street PO Box 965060 Orlando FL 32896-5060 City State ZIP Code		When was the debt incurred? As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.21	Target Card Services	Last 4 digits of account number 6642	\$3,268.00
Nonpriority Creditor's Name PO Box 9500 Number Street Minneapolis MN 55440 City State ZIP Code		When was the debt incurred? 2016-2019 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1

First Name

Middle Name

Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.22	Ulta/Comenity Capital Bank		
Nonpriority Creditor's Name		Last 4 digits of account number	5378
Bankruptcy Department		When was the debt incurred?	2017-2019
Number Street			\$ 11,647.00
PO Box 183043			
Columbus OH 43218-3043		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
Who incurred the debt? Check one.		<input type="checkbox"/> Unliquidated	
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Disputed	
<input checked="" type="checkbox"/> Debtor 2 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.23	USAA		
Nonpriority Creditor's Name		Last 4 digits of account number	2995
PO Box 65020		When was the debt incurred?	2016-2019
Number Street			\$ 21,207.00
San Antonio TX 78265-5020		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
Who incurred the debt? Check one.		<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 2 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
4.24	Wells Fargo		
Nonpriority Creditor's Name		Last 4 digits of account number	0023
P O Box 10347		When was the debt incurred?	2016-2019
Number Street			\$ 11,500.00
Des Moines IA 50306-0347		As of the date you file, the claim is: Check all that apply.	
City State ZIP Code		<input type="checkbox"/> Contingent	
Who incurred the debt? Check one.		<input type="checkbox"/> Unliquidated	
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 2 only		Type of NONPRIORITY unsecured claim:	
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> Student loans	
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
<input type="checkbox"/> Check if this claim is for a community debt		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?		<input checked="" type="checkbox"/> Other. Specify Credit Card Debt	
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Debtor 1

First Name

Middle Name

Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

				Total claim
4.25	Wells Fargo	Last 4 digits of account number 5003		\$ 331.00
Nonpriority Creditor's Name		When was the debt incurred? 12/19		
P O Box 6995				
Number Street				
Portland OR 97228-6995		As of the date you file, the claim is: Check all that apply.		
City State ZIP Code		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Overdrawn Bank Account		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
		Last 4 digits of account number		\$
Nonpriority Creditor's Name		When was the debt incurred?		
Number Street				
City State ZIP Code		As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify		
		Last 4 digits of account number		\$
Nonpriority Creditor's Name		When was the debt incurred?		
Number Street				
City State ZIP Code		As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify		

Debtor 1

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name

Number Street

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and certain other debts you owe the government	6b.	\$ 9,358.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+ \$ 0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$ 9,358.00

		Total claim	
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	+ \$ 144,333.00
	6j. Total. Add lines 6f through 6i.	6j.	\$ 144,333.00

Fill in this information to identify your case:

Debtor Mark David Marsh
First Name Middle Name Last Name

Debtor 2 Laurie Leigh Marsh
 (Spouse If filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Eastern District of California

Case number _____
 (If known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	Name _____ Street _____ City _____ State _____ ZIP Code _____	
2.2	Name _____ Street _____ City _____ State _____ ZIP Code _____	
2.3	Name _____ Street _____ City _____ State _____ ZIP Code _____	
2.4	Name _____ Street _____ City _____ State _____ ZIP Code _____	
2.5	Name _____ Street _____ City _____ State _____ ZIP Code _____	

Fill in this information to identify your case:

Debtor 1	Mark David Marsh		
	First Name	Middle Name	Last Name
Debtor 2	Laurie Leigh Marsh		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of California			
Case number (If known)			

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☒ Yes. In which community state or territory did you live? CA. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Street

City State ZIP Code

☐ Schedule D, line ____
☐ Schedule E/F, line ____
☐ Schedule G, line ____

3.2

Name

Street

City State ZIP Code

☐ Schedule D, line ____
☐ Schedule E/F, line ____
☐ Schedule G, line ____

3.3

Name

Street

City State ZIP Code

☐ Schedule D, line ____
☐ Schedule E/F, line ____
☐ Schedule G, line ____

Fill in this information to identify your case:

Debtor 1 Mark David Marsh
First Name Middle Name Last Name

Debtor 2 Laurie Leigh Marsh
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of California

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☐ Employed
☒ Not employed

Occupation

Employer's name

Employer's address

Number Street

City State ZIP Code

How long employed there?

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Customer Service Bill Represent
 Placer County Water Agency

144 Ferguson Road

Number Street

Auburn, CA 95603

City State ZIP Code

Since 9/2002

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ _____	\$ 5,390.13
3. Estimate and list monthly overtime pay.	3. + \$ _____	+ \$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ _____	\$ 5,390.13

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$	\$ 5,390.13
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$	\$ 636.04
5b. Mandatory contributions for retirement plans	5b. \$	\$ 321.73
5c. Voluntary contributions for retirement plans	5c. \$	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$	\$ 0.00
5e. Insurance	5e. \$	\$ 0.00
5f. Domestic support obligations	5f. \$	\$ 525.74
5g. Union dues	5g. \$	\$ 51.60
5h. Other deductions. Specify: FSA	5h. + \$	+ \$ 220.84
FSA Admin	\$	\$ 2.25
	\$	\$
	\$	\$
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$	\$ 1,758.20
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$	\$ 3,631.93
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$	\$ 0.00
8b. Interest and dividends	8b. \$	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$	\$ 0.00
8d. Unemployment compensation	8d. \$	\$ 0.00
8e. Social Security	8e. \$	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$	\$ 0.00
8g. Pension or retirement income	8g. \$	\$ 0.00
8h. Other monthly income. Specify:	8h. + \$	+ \$ 0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 3,679.98	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,679.98 +	\$ 3,631.93 = \$ 7,311.91
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. + \$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12.	\$ 7,311.91
		Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No. Expect a cost of living adjustment.		
<input checked="" type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Mark David Marsh
 First Name Middle Name Last Name

Debtor 2 Laurie Leigh Marsh
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of California
 (State)

Case number _____
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son21

☐ No

☒ Yes

Son in college25

☐ No

☒ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,748.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 200.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1

Mark David Marsh

First Name

Middle Name

Last Name

Case number (if known)

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	\$ 988.00
6.	Utilities:	
6a.	Electricity, heat, natural gas	\$ 350.00
6b.	Water, sewer, garbage collection	\$ 130.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	\$ 521.00
6d.	Other. Specify: _____	\$ 0.00
7.	Food and housekeeping supplies	\$ 1,200.00
8.	Childcare and children's education costs	\$ 0.00
9.	Clothing, laundry, and dry cleaning	\$ 200.00
10.	Personal care products and services	\$ 207.00
11.	Medical and dental expenses	\$ 250.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	\$ 440.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	\$ 200.00
14.	Charitable contributions and religious donations	\$ 25.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	\$ 0.00
15b.	Health insurance	\$ 0.00
15c.	Vehicle insurance	\$ 174.00
15d.	Other insurance. Specify: _____	\$ 0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Vehicle registration</u>	\$ 17.00
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	\$ 0.00
17b.	Car payments for Vehicle 2	\$ 0.00
17c.	Other. Specify: _____	\$ 0.00
17d.	Other. Specify: _____	\$ 0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	\$ 0.00
19.	Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	\$ 0.00
20b.	Real estate taxes	\$ 0.00
20c.	Property, homeowner's, or renter's insurance	\$ 0.00
20d.	Maintenance, repair, and upkeep expenses	\$ 0.00
20e.	Homeowner's association or condominium dues	\$ 0.00

Debtor 1 Mark David Marsh
 First Name Middle Name Last Name

Case number (if known) _____

21. **Other.** Specify: Gifts

Pet food & veterinarian costs-\$150.00, Work lunches - \$125.00

Repair & replace household goods- \$25.00, Tax Prep \$20.00 & Tobacco- \$200.00

21. **+\$** 50.00
+\$ 275.00
+\$ 245.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 7,220.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22c. Add line 22a and 22b. The result is your monthly expenses.

22b. \$ _____

22c. \$ 7,220.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ 7,311.91

23b. Copy your monthly expenses from line 22c above.

23b. **-\$** 7,220.00

23c. Subtract your monthly expenses from your monthly income.
 The result is your *monthly net income*.

23c. \$ 91.91

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: Utilities are expected to increase.

Fill in this information to identify your case:

Debtor 1 Mark David Marsh
First Name Middle Name Last Name

Debtor 2 Laurie Leigh Marsh
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Eastern District of California

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Mark David Marsh

Signature of Debtor 1

X /s/ Laurie Leigh Marsh

Signature of Debtor 2

Date 12/27/2019
MM / DD / YYYY

Date 12/27/2019
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Mark David Marsh
First Name Middle Name Last Name

Debtor 2 Laurie Leigh Marsh
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of California

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:**Dates Debtor 1 lived there****Debtor 2:****Dates Debtor 2 lived there**☐ Same as Debtor 1☐ Same as Debtor 1

Number Street

From _____

Number Street

From _____

To _____

To _____

City State ZIP Code

City State ZIP Code

☐ Same as Debtor 1☐ Same as Debtor 1

Number Street

From _____

Number Street

From _____

To _____

To _____

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No
☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1

Mark David Marsh

First Name

Middle Name

Last Name

Case number (if known)

Part 2: Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 64,592.41
For last calendar year: (January 1 to December 31, <u>2018</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 55,152.53
For the calendar year before that: (January 1 to December 31, <u>2017</u>) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 0.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 48,147.40

5. Did you receive any other income during this year or the two previous calendar years?Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Social Security Disability	\$23,652.00	None	\$ 0.00
	CalPERS	\$20,507.76		\$
		\$		\$
For last calendar year: (January 1 to December 31, <u>2018</u>)	Social Security Disability	\$37,096.20	Lottery	\$ 1,000.00
	CalPERS	\$27,685.41	Interest	\$ 46.95
		\$		\$
For the calendar year before that: (January 1 to December 31, <u>2017</u>)	Cal PERS	\$20,105.64	Interest	\$ 37.49
		\$		\$
		\$		\$

Debtor 1

Mark David Marsh

First Name

Middle Name

Last Name

Case number (if known)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

☐ No. Go to line 7.

- ☐ Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

- ☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
AmeriHome Mortgage Creditor's Name	12/23/19	\$ 6,998.28	\$ 202,782.00	<input checked="" type="checkbox"/> Mortgage
PO Box 8068 Number Street	11/1/19			<input type="checkbox"/> Car
	10/1/19			<input type="checkbox"/> Credit card
Virginia Beach VA 23450 City State ZIP Code				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
Discover Bank Creditor's Name	10/5/19	\$ 3,000.00	\$ 90,686.00	<input checked="" type="checkbox"/> Mortgage
Mail Stop 1290 Number Street	11/5/19			<input type="checkbox"/> Car
1 Corporate Dr., Ste. 360 Number Street	12/10/19			<input type="checkbox"/> Credit card
Lake Zurich IL 60047-89 City State ZIP Code				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other
Capital One Creditor's Name	10/17/19	\$ 977.00	\$ 16,133.00	<input type="checkbox"/> Mortgage
PO Box 30285 Number Street	11/16/19			<input type="checkbox"/> Car
	12/17/19			<input checked="" type="checkbox"/> Credit card
Salt Lake City UT 84130-02 City State ZIP Code				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other

Debtor 1

Mark David Marsh

Case number (if known)

First Name

Middle Name

Last Name

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
- ☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$	\$	Include creditor's name
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

Debtor 1 **Mark David Marsh**
First Name Middle Name Last Name

Case number (if known) _____

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No
☐ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title: _____ Case number _____		Court Name _____	<input type="checkbox"/> Pending
		Number Street _____	<input type="checkbox"/> On appeal
		City State ZIP Code _____	<input type="checkbox"/> Concluded
Case title: _____ Case number _____		Court Name _____	<input type="checkbox"/> Pending
		Number Street _____	<input type="checkbox"/> On appeal
		City State ZIP Code _____	<input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

	Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City State ZIP Code _____		_____	\$ _____
	Explain what happened		
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
	Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City State ZIP Code _____		_____	\$ _____
	Explain what happened		
	<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1

Mark David Marsh

Case number (if known)

First NameMiddle NameLast Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

	Describe the action the creditor took	Date action was taken	Amount
Creditor's Name			
Number Street			\$
CityStateZIP Code			
Last 4 digits of account number: XXXX-			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
			\$
Number Street			
CityStateZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
			\$
Number Street			
CityStateZIP Code			
Person's relationship to you			

Debtor 1 Mark David Marsh
First Name Middle Name Last Name

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name Number Street City State ZIP Code		 	\$ \$

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☐ No
☒ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i>.</small>	Date of your loss	Value of property lost
Gambling	Claim Pending: No, Not covered by insurance: \$0.00	01/2018	\$ 2,731.95

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Gerald L. White <small>Person Who Was Paid</small> 301 Natoma Street <small>Number Street</small> Suite 105 Folsom CA 95630 <small>City State ZIP Code</small> Email or website address Person Who Made the Payment, if Not You	\$2,835.00, which includes the Court filing fee of \$335.00 11/28/19 12/16/19	\$ 1,500.00 \$ 1,335.00

Debtor 1

Mark David Marsh

First Name Middle Name Last Name

Case number (if known)

Summit Financial Education, Inc.

Person Who Was Paid

4800 E. Flower Street

Number Street

Tucson

AZ

85712

City

State

ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Description and value of any property transferred

\$14.95 was paid for credit counseling.

Date payment or transfer was made

12/19/19

Amount of payment

\$ 14.95

\$

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Person Who Was Paid

Number Street

City

State

ZIP Code

\$

\$

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

☐ No

☒ Yes. Fill in the details.

CarMax, Inc.

Person Who Received Transfer

1450 Eureka road

Number Street

Roseville

CA

95661

City

State

ZIP Code

Person's relationship to you None

Description and value of property transferred

2011 Dodge Durango, \$7,000.00

Describe any property or payments received or debts paid in exchange

Sold for \$7,000.00

Date transfer was made

11/26/2019

Person Who Received Transfer

Number Street

City

State

ZIP Code

Person's relationship to you

Debtor 1 Mark David Marsh
First Name Middle Name Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust

Description and value of the property transferred	Date transfer was made

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No
☒ Yes. Fill in the details.

Wells Fargo

Name of Financial Institution

Number Street

City State ZIP Code

Last 4 digits of account number

XXXX- 5 0 0 3

Type of account or instrument

☐ Checking

☒ Savings

☐ Money market

☐ Brokerage

☐ Other _____

Date account was closed, sold, moved, or transferred

12/12/19

Last balance before closing or transfer

\$ 0.00

Name of Financial Institution

Number Street

City State ZIP Code

XXXX- _ _ _ _

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution

Number Street

City State ZIP Code

Who else had access to it?

Name

Number Street

City State ZIP Code

Describe the contents

Do you still have it?

☐ No

☐ Yes

Debtor 1 Mark David Marsh
First Name Middle Name Last Name

Case number (if known) _____

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ **No**
☐ **Yes. Fill in the details.**

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility Number Street City State ZIP Code	Name Number Street CityState ZIP Code		<input type="checkbox"/> No <input type="checkbox"/> Yes

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ **No**
☐ **Yes. Fill in the details.**

Where is the property?	Describe the property	Value
Owner's Name Number Street City State ZIP Code	 	\$ _____

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ **No**
☐ **Yes. Fill in the details.**

Governmental unit	Environmental law, if you know it	Date of notice
Name of site Number Street City State ZIP Code	Governmental unit Number Street City State ZIP Code	

Debtor 1 Mark David Marsh
First Name Middle Name Last Name

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
<p>Name of site _____</p> <p>Number _____ Street _____</p> <p>_____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>Governmental unit _____</p> <p>Number _____ Street _____</p> <p>_____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>_____</p>

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
<p>Case title _____</p> <p>Court Name _____</p> <p>Number _____ Street _____</p> <p>_____</p> <p>Case number _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>_____</p>	<p><input type="checkbox"/> Pending</p> <p><input type="checkbox"/> On appeal</p> <p><input type="checkbox"/> Concluded</p>

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation
☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

<p>Business Name _____</p> <p>Number _____ Street _____</p> <p>_____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>Describe the nature of the business</p> <p>_____</p>	<p>Employer Identification number Do not include Social Security number or ITIN.</p> <p>EIN: _____ - _____</p> <p>Dates business existed</p> <p>From _____ To _____</p>
<p>Business Name _____</p> <p>Number _____ Street _____</p> <p>_____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>Name of accountant or bookkeeper</p> <p>_____</p>	<p>Employer Identification number Do not include Social Security number or ITIN.</p> <p>EIN: _____ - _____</p> <p>Dates business existed</p> <p>From _____ To _____</p>

Debtor 1

Mark David Marsh

First Name

Middle Name

Last Name

Case number (if known)

Business Name

Number Street

City

State

ZIP Code

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _ _ - _ _ _ _ _

Dates business existed

Name of accountant or bookkeeper

From _ _ _ _ To _ _ _ _

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☐ No

☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City

State

ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

✕

/s/ Mark David Marsh

Signature of Debtor 1

✕

/s/ Laurie Leigh Marsh

Signature of Debtor 2

Date 12/27/2019

Date 12/27/2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☐ No

☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Debtor 1

Mark David Marsh & Laurie Leigh Marsh

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 107**6) Creditors**

Ulta/Comenity Capital Bank	10/17/19 11/4/19	Paid: \$616.00	Owed: \$11,647. 00	For: Credit Card Debt
USAA	9/21/19 10/17/19	Paid: \$615.00	Owed: \$21,207. 00	For: Credit Card Debt

United States Bankruptcy Court

Eastern District of California

In re Mark David Marsh & Laurie Leigh Marsh

Case No. _____

Debtor

Chapter ⁷ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☒ FLAT FEE

For legal services, I have agreed to accept \$ 2,500.00
 Prior to the filing of this statement I have received. \$ 2,500.00
 Balance Due. \$ 0.00

☐ RETAINER

For legal services, I have agreed to accept a retainer of \$ _____
 The undersigned shall bill against the retainer at an hourly rate of \$ _____
 [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Continued Meeting of Creditors, amendments, motions, adversary proceedings, 2004 examinations, dischargeability negotiations, abuse inquiries, enforcement of the automatic stay & other services as set forth in the Chapter 7 Retainer Agreement

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

12/27/2019

/s/ Gerald White, 88833

Date

Signature of Attorney

Law Office of Gerald L. White

Name of law firm

301 Natomia Street
Suite 105
Folsom, CA 95630
9169853330
jerry@gwcreditlaw.com

Fill in this information to identify your case:

Debtor 1 Mark David Marsh
 First Name Middle Name Last Name

Debtor 2 Laurie Leigh Marsh
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Eastern District of California

Case number _____
 (if known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: AmeriHome Mortgage Description of property securing debt: Residence	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: Pay per contract	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Creditor's name: Discover Bank Description of property securing debt: Residence	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input checked="" type="checkbox"/> Retain the property and [explain]: Pay per contract.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Creditor's name: _____ Description of property securing debt: _____	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Mark David Marsh & Laurie Leigh Marsh

Case number (If known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases**Will the lease be assumed?**

Lessor's name: _____

☐ No☐ Yes

Description of leased property: _____

Lessor's name: _____

☐ No☐ Yes

Description of leased property: _____

Lessor's name: _____

☐ No☐ Yes

Description of leased property: _____

Lessor's name: _____

☐ No☐ Yes

Description of leased property: _____

Lessor's name: _____

☐ No☐ Yes

Description of leased property: _____

Lessor's name: _____

☐ No☐ Yes

Description of leased property: _____

Lessor's name: _____

☐ No☐ Yes

Description of leased property: _____

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Mark David Marsh

Signature of Debtor 1

Date 12/27/2019

MM / DD / YYYY

X /s/ Laurie Leigh Marsh

Signature of Debtor 2

Date 12/27/2019

MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Mark David Marsh
First Name Middle Name Last Name

Debtor 2 Laurie Leigh Marsh
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of California

Case number _____
(If known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☒ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$0.00	\$5,390.13
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00	\$0.00
5. Net income from operating a business, profession, or farm	Debtor 1 Gross receipts (before all deductions) \$0.00 Ordinary and necessary operating expenses - \$0.00 Net monthly income from a business, profession, or farm \$0.00	Debtor 2 Gross receipts (before all deductions) \$0.00 Ordinary and necessary operating expenses - \$0.00 Net monthly income from a business, profession, or farm \$0.00
6. Net income from rental and other real property	Debtor 1 Gross receipts (before all deductions) \$0.00 Ordinary and necessary operating expenses - \$0.00 Net monthly income from rental or other real property \$0.00	Debtor 2 Gross receipts (before all deductions) \$0.00 Ordinary and necessary operating expenses - \$0.00 Net monthly income from rental or other real property \$0.00
7. Interest, dividends, and royalties	\$0.00	\$0.00

Debtor 1

Mark David Marsh

First Name

Middle Name

Last Name


Case number (if known)

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse

\$ 0.00

\$ 0.00

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 

For you \$ 0.00

For your spouse \$ 0.00

- 9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$ 1,708.98

\$ 0.00

- 10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\$ 0.00

\$ 0.00

\$ 0.00

\$ 0.00

+ \$ 0.00

+ \$ 0.00

Total amounts from separate pages, if any.

- 11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 1,708.98

+


\$ 5,390.13

=

\$ 7,099.11

Total current
monthly income**Part 2: Determine Whether the Means Test Applies to You**

- 12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11. Copy line 11 here 

\$ 7,099.11

Multiply by 12 (the number of months in a year).

x 12

12b. The result is your annual income for this part of the form.

12b.

\$ 85,189.32

- 13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

CA

Fill in the number of people in your household.

3

Fill in the median family income for your state and size of household. 13.

\$ 86,665.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

- 14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1

Mark David Marsh
First Name Middle Name Last Name

Case number (if known)

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

x

/s/ Mark David Marsh

Signature of Debtor 1

x

/s/ Laurie Leigh Marsh

Signature of Debtor 2

Date 12/27/2019

MM / DD / YYYY

Date 12/27/2019

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A–2.

If you checked line 14b, fill out Form 122A–2 and file it with this form.